MaineDOT

CONSULTANT CONTRACT STANDARD INVOICE

Negotiated Rates - WITH Sub Consultants

WORKBOOK GUIDE

(Microsoft Excel 2002)

EACH INVOICE SUBMITTED MUST:

- 1. CONTAIN DATA FOR ONE CONTRACT ONLY, INCLUDING MULTI-PIN DETAIL AS APPROPRIATE.
- 2. CONTAIN A "CONSULTANT INVOICE NUMBER" THAT IS UNIQUE TO THAT FIRM AND CONTRACT WITH NO MORE THAN 12 CHARACTER FIELDS USED (including punctuation and spaces).
- 3. INCLUDE THE SAME SUPPORTING INFORMATION ATTACHED TO THE INVOICE AS IN THE PAST.
- 1) Do not try to enter data into blue colored cells, they are filled by formula, or by link from another cell in the workbook. Yellow and pink colored cells are for data entry. Yellow cells should only require data entry with the first invoice for a contract; pink cells will need review and possibly update with each invoice submitted.
- 2) Sheet 2 of 3, top right side, "Final Invoice?", must indicate either "yes" or "no" and should not be left blank. This not only aids processing, but also provides critical data for formulas and cells on other sheets.
- 3) The MaineDOT PIN field is preformatted to produce an 8 digit number in decimal format. Do not enter a decimal point. The last 2 digits entered must be the 2 digits to the right of the decimal (even zeros), but no decimal should be shown. Do not enter leading zeros.
- 4) The payment address can be entered directly on Sheet 1 if it is different than the firm address entered on the Main Data Entry form.
- 5) Comment boxes have been added to a number of data entry fields to help clarify input intentions, or identify specific needs in those cells.
- 6) Function and Activity coding for PIN lines on Sheet 3 of 3 is not mandatory to submit a completed invoice, but should be entered if known, especially for multiPIN projects.

Internal Use Only Sheet 1 of 4 **State of Maine Department of Transportation Transportation Building 16 State House Station** P.V. #: Negotiated Burdened Augusta, Maine 04333-0016 ENC/UENC #: CSN #: or Commercial Rates **In Account With** Firm Federal I.D. #: (WITH SUB CONSULTANTS) TEDOCS #: =Firm Name Doc. Date: Street (PO Box) Doc. Type: =Payment mailing address Town, State ZIP OUC: Author: Firm Federal ID # => Consultant Invoice Number: **Invoice Date:** Invoice Period: **Project Contract Number:** Consultant Project #: **Project Contract Award Date:** MaineDOT PIN: **Project Contract Completion Date:** Federal Project #: Project Name: I hereby certify that the signature below is true and accurate. I further certify, if electronic, that it (a) is intended to have the same force as a manual signature, (b) is unique to myself, (c) is capable of verification, and (d) is under the sole control of myself. Initials: _ Cumulative Signed: Amount **Total Amount** Contract Please Type: Name, Title **Invoiced This Amount Invoiced Contract Amounts** Previously Invoiced Balance Period To Date Straight Time/Work = Overtime = Sub-Total = Direct Expenses = Subconsultant Summary: DBE/WBE => yes/no Sub-Total: Subconsultants = Total Invoice Amounts = **TOTAL AMOUNT DUE THIS INVOICE** Approved by: Reviewed by: MaineDOT Program/Project Manager Date MaineDOT Contract Specialist Date (Work performed as specified) (Cleared for processing)

Maine Department of Transportation															Sheet 2	2a of 4
				Consul	tant :	Standa	rd Invoid	ce D	etai	1						
Contract Information	<u> </u>													ı		
State Contract #			Common	T£	adian .	Ī					Final :	<u> Invoice ?</u>	YES/NO) => =>		
MaineDOT Contract Sequence # (CSN) Consultant Project #	•			ny Inform irm Name				N	lame							
Award Date (mm/dd/yy)									(PO B	ox)			Consultar	nt Project #:		
Completion Date (mm/dd/yy)				Address					State 2					neDOT PIN:		
Contract Total Straight Time \$			Firm	Federal ID) #			,						al Project #:		
Contract Total Overtime \$	ŝ		Firm Is D	BE/WBE	(yes/no)								Project Titl	le/Location:		
Contract Total Expenses \$	ŝ						=									
Invoice Information	1		COMM	ENTS:												
Invoice Date (mm/dd/yy)	,——															
Consultant Invoice #																
Invoice Start Date (mm/dd/yy)																
Invoice End Date (mm/dd/yy))															
Previously Invoiced Straight Time \$																
Previously Invoiced Overtime																
Previously Invoiced Expenses \$	<u>}</u>															
voice Detail - Labor and Expens	ses:						,	ı							ı,	ì
				ed or Comr						ı	<= Direc	t Expense	Detail =>		.	
Individual - NAME, Title	MaineDOT	Straight Work	IIme	Work	Overtime	•	Straight/OT		Milea	ge	Travel	Postage Delivery	Phone	Other	Direct Expense	Total
maividual - NAME, Title	<u>PIN</u>	Unit Rate	<u>Amount</u>	Unit	Rate	<u>Amount</u>	Total Amount	#	Rate	Amount	Havei	Printing	FAX	Other	Total	THIS INVOI
Name 1, Title 1		0.000 0.0	000	0.000	0.0000			0.00	0.00		0.00	0.00	0.00	0.00		
Name 2, Title 2 Name 3, Title 3																

INVOICE TOTALS = (Includes Sheet 2b if used) Contract Number: Consultant Project #: MaineDOT PIN: Federal Project #: Project Title/Location:

Sheet 2b of 4

Additional Invoice Detail

Invoice Detail - Labor and Expe	enses (contin	<u>ued)</u> :															
	_		<= Burdened or Commercial Rate =>					_	Expense	e Detail	l =>				_		
	MaineDOT		traight Ti	me		Overtime	e	Straight/OT		Milea	ge		Postage	Phone		Direct	Total
Individual - NAME, Title	PIN	Work	Rate	Amount	Work	Rate	Amount	Total Amount	#	Rate	Amount	Travel	Delivery Printing	FAX	Other	Expense Total	THIS INVOICE
		<u>Unit</u>			<u>Unit</u>								Frinting				

CONSULTANT LETTERHEAD

Maine Department of Transportation - Consultant Standard Invoice

PIN Detail

Consultant Name:		
Consultant Federal ID #:	Consultant Project #:	
Consultant Invoice #:	MaineDOT PIN:	
Invoice Period:	Federal Project #:	
Contract Number:	Project Title/Location:	
Contract Award Date:		
Contract Complete Date:		

Mainabot	Fordered Product		PIN Coding Straight Overtim				Dinast F	Cub Courtury	DIN T-1-2	
MaineDOT PIN	Federal Project Number	Town Name(s)	Function		Time/Work Amount	Overtime Amount	Amount	Sub Consultant Amount	PIN Total This Period	
00.00000			000	XXX	0.00	0.00				
			+							
			1							
		TOTAL INV (Include	OICE AMO		\$0.00	\$0.00	\$0.00	\$0.00	\$0.0	
					rtime Invoice [:] hose on Shee			SubConsultant Total About Matches Total on Sheet 4of4		

Contract Number: Consultant Project #: MaineDOT PIN: Federal Project #: Project Title/Location:

Sheet 3b of 4 Additional PIN Detail

Invoice Date:

		PIN Coding Straight Quartime Direct Eveness Sub Consultant							
MaineDOT PIN	Federal Project Number	Town Name(s)	Function		Straight Time/Work Amount	Overtime Amount	Direct Expense Amount	Sub Consultant Amount	PIN Total This Period
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								Sheet	4a of 4		
CONSULTANT LETTERHEAD											
	oice	Invoice Date:									
Sub Consultant Detail											
Consultant Name: Consultant Federal ID #:						Mai Feder	ant Project #: neDOT PIN: ral Project #: itle/Location:				
Consultant Invoice #: Invoice Period: Contract Number: Contract Award Date: Contract Complete Date:						- · · - , - · · ·					
Summary of DBE/WBE P	articipation:	<u>-</u>						<u>.</u>			
DBE/WBE - yes/no =>				unts This Inv				Invoice	!v-!		
Subconsultants #1 - #7 MaineDOT PIN	Subconsulant **The substant	0.00 0.00	Subonsulant *3 mant	O.00	Subonsilent	O.00 O.00	Subconsultant (*)	Sub Total DBE/WBE Subs Only #1-7	Invoice Sub Total All Subs #1-7		
000000.00											
INVOICE TOTALS #1 - #7 Previously Invoiced											
Subcontract Amount Subcontract Balance											
					Invoice Tota	ls Subconsul	Itants #1- #14				
Total Contract Amount =	DB	BE Subconsulta	onsultant Contr ant Program C	Commitment =		<u>lue</u>	#0		of Contract of Program		
Accrued Contract Billings to Date = #DIV/0! of Contra									of Contract of DBE Amount		

Sheet 4b of 4

CONSULTANT LETTERHEAD

Invoice Date:

Maine Department of Transportation - Standard Invoice

Sub Consultant Detail

Consultant Name:
Consultant Federal ID #:
Consultant Invoice #:
Invoice Period:
Contract Number:
Contract Award Date:
Contract Complete Date:

Consultant Project #: MaineDOT PIN: Federal Project #: Project Title/Location:

Summary of DBE/WBE Participation:

]						
DBE/WBE - yes/no =>				unts This In				Invoice	Immeira
Subconsultants #8 - #14 MaineDOT PIN	supcoulement.	Subconsutant	Subconsutant	Subconsulant	tue, t.#	Subconsulant	tue, FL#	Sub Total DBE/WBE Subs Only #8-14	Invoice Sub Total All Subs #8-14
000000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
INVOICE TOTALS #8 - #14									
Previously Invoiced									
Subcontract Amount									
Subcontract Balance									

Yes No